72A080 (2-02) Commonwealth of Kentucky REVENUE CABINET

REPORT OF GASOLINE RECEIVED FROM LICENSED KENTUCKY DEALERS



Tax Paid by Consignee

Name and Address of Dealer		Report for Month of, 20		INSTRUCTIONS: This form must be completed by all licensed gasoline dealers who have received gasoline fuels tax-free from other licensed Kentucky gasoline dealers. Use a separate line for each shipment. Attach this form to Form 72A089.				
Name and Address of Consignor (List vendor on succeeding line if different from consignor)	Carrier	Truck No. Car Initial and No.	Origin	Destination	Invoice Number	Date of Shipment	Date of Receipt	Gallons Received
					+			
TOTAL*								